

**SE 2021 CHILD REGISTRATION FORM**  
**(Fill out a registration form for each child you are enrolling)**

Child Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Birthday \_\_\_\_\_ Age \_\_\_\_\_ Grade Completed \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: Home \_\_\_\_\_ Cell \_\_\_\_\_ Parent e-mail \_\_\_\_\_

Can the student swim unassisted? (If yes, then child can swim in deep end of Blue Springs) YES NO

Dad's Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

Mom's Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

Childs T-Shirt size: Child- S M L Adult- S M L XL

Are there any restrictions on physical activity? YES NO If yes, please explain:

\_\_\_\_\_

Please circle all weeks attending: (closed Monday May 31st Memorial Day)

June 1st – 4th    June 7<sup>th</sup> – June 11th    June 14th – 18th    June 21st – 25th    June 28th – July 2nd

July 5th- July 9th    July 12th – 16th    July 19th – 23rd    July 26th – 30th    August 2<sup>nd</sup> - August 6th

Please circle if your child will be Part-time or Full-time

If part-time what days will your child attend? M Tu Wed Th F

Please list all people authorized to pick up your child:

\_\_\_\_\_

\_\_\_\_\_

Please list all people who CANNOT pick up your child

\_\_\_\_\_

\_\_\_\_\_

I give my child permission to participate in all Summer Enrichment activities and field trips.

\_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Photo Permission: I give permission for my child to be photographed/videotaped during Summer Enrichment Program or activities/field trips. I also give permission for Eastside Baptist to use the photos/videos for the purpose of promoting the Summer Enrichment Program. This includes but is not limited to Eastside Baptist Church bulletins, web page or social media pages of Eastside Baptist Church

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**MEDICAL RELEASE FORM (MUST BE ORIGINAL NO FAX'S OR PHOTOCOPIES)**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ mm/dd/yyyy

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Phone #'s \_\_\_\_\_

Has participant had any illness in the last six months? YES NO If yes, please describe:

\_\_\_\_\_

Is participant in need of regular medication? YES NO If yes, what?

\_\_\_\_\_ Is participant allergic to any foods or have any other allergies? YES NO if yes, what and what treatment should be given?

\_\_\_\_\_

When was the last time the participant had a tetanus shot? Date \_\_\_\_\_ Has participant's appendix been removed? YES NO Does participant have a history of ankle or knee problems? YES NO Is participant subject to: Hypertension? \_\_\_ Diabetes? \_\_\_ Epilepsy? \_\_\_ Heart Disease? \_\_\_ Asthma? \_\_\_ Other? \_\_\_\_\_ Any medications/treatments that should NOT be given?

\_\_\_\_\_

INSURANCE INFORMATION: I understand that my insurance is primary in any and all claims, and Eastside Baptist Church becomes secondary. Name of insurance company participant covered by:

Policy holder: \_\_\_\_\_ Policy

Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

LIABILITY RELEASE FORM In consideration for being accepted by Eastside Baptist Church, Marianna, Florida, for any and all planned activities and trips, we (I), being 18 years of age or older, do for ourselves (myself) and for and on behalf of my child-participant if said child is not 18 years of age or older, hereby release, forever discharge, and agree to hold harmless Eastside Baptist Church and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damages and expenses, of any nature whatsoever which may be incurred by the undersigned and the child participant that occur while said child is participating in a trip or activity. Furthermore, we (I) being 18 years of age or older, do for ourselves (myself) and for and on behalf of our (my) child-participant if under the age of 18 years, hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred thereto. This document remains in effect until written retraction is made. We (I) are (am) the parent(s) or legal guardian(s) of the child-participant, and hereby give our (my) permission to take said trips or activities, and hereby give our (my) permission to take said child-participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any. Further, should it be necessary for the child-participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

I hereby give my permission for my son/daughter/self (if over 18 years of age) to receive emergency medical treatment from a physician in the event of illness or injury. I authorize a representative of Eastside Baptist Church to secure the administration of this treatment if it is deemed necessary. I also acknowledge that the information above is accurate and complete.

\_\_\_\_\_ Date \_\_\_\_\_

Signature of parent or legal guardian (or applicant if over 18 years of age) \*\*NOTARY\*\*

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. By \_\_\_\_\_ who is personally known to me or who has produced \_\_\_\_\_ as identification and who did (did not) take an oath.

\_\_\_\_\_, Notary Public, Commission No. \_\_\_\_\_

(Signature) \_\_\_\_\_ State of Florida, County of \_\_\_\_\_ (Name of Notary typed, printed, or stamped) (Add seal here)